## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB
3060-0076
Est. time per response:
1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

1. Name and Mailing Address of Respondent Panhandle Telecommunication Systems, Inc. PO Box 511 Guymon, OK 73952  2. Year Report Filed 2018 SECTION II - Full-Time Employees.	n (espondent unication )	Systems,  3. Reporting Period C.  Marc	Stems, Inc.  Reporting Period (Ending Deriod Covered by Report)  March 31, 2018	Systems, Inc.  3. Reporting Period (Ending Date of Pay Period Covered by Report)  March 31, 2018	14		4. Number of Reporting a. 16 b. 16 Num	4. Number of Full-Time Employees during Selected Reporting Period (check one): a. 2 Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)  Number of Employees (Report employees in only one category)  Race/Ethnicity	mployees dur k one): complete Sec pplete all section	ing Selected ditions I, IV, an ions)	d V only)		Check his a char address.	Check here if this is a change of address.	
2018		Period Co Marc	h 31, 20	port)	V		4. Number of Reporting a. Fe	of Full-Time Ei Period (chec wer than 16 (	nployees dur k one): complete Sec	ing Selected tions I, IV, an	d V only)				
SECTION II - Full-Time Employee	S.						D. 10	or more (con	plete all sect	ions)					
							Num	ber of Emplo	yees						
0							(Report empl	oyees in only	one category						
Job								Race/Ethnicity							
Categories	Hispa	Hispanic or Latino						Not-Hispanic or Latino	ic or Latino						Total
					M	Male					Female	nale			Columns
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	)
	A	В	C	D	Е	F	9	I	-	۲	7	٢	Z	z	
Officials and Managers 1.1															0
First/Mid-Level Officials and 1.2															
Professionals 2															, ,
Technicians 3															
															0
Administrative Support															0
Workers 5															0
Craft Workers 6															0
Operatives 7															0
aborers and Helpers 8															0
Service Workers 9															0
TOTAL 10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL 11															0

Title of Person Signing Director of Human Resources	18/2018	Date	SECTION V - Certification	(Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	This is to advise the	This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year powers by this conditions.	SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	PREVIOUS YEAR TOTAL	TOTAL	Service Workers	Laborers and Helpers	Operatives	Craft Workers	Workers	Sales Workers	Technicians	Professionals	First/Mid-Level Officials and 1					categories	Job	
Resou	Mitzi Dain	wiedge, in	wledge in	ng parties	Commissi	Commissi body havi	ination C	=======================================	10 0	9	00	7	6	U1	4	ω	2	1.2	1.1	>	Male				
rces	ain	formation,	formation	involved, o	on that the	on that no	omplaints				+	+				-	-					-	Hispanic or Latino		
	of Person	and belief	5	date filed,	e following	complaint	Pursuan		0											8	Female		9		
	Signing	, all statem		courts or ac	complaints	s regarding ction in suc	t to 47 CFF		0											С	White				
OF ANY ST		ents in this re		jencies befor	alleging viola	violations of	22.321, 23.		0											D	Black or African American				
ATION LICEN		port are true		e which the m	ations of the p	the equal em	55, 90.168, 10		0											Е	Native Hawaiian or Other Pacific Islander				
TEMENTS M	Signature	and correct.		atter has been	rovisions of a	ployment pro	01.4, and 101		0											П	Asian	Male			
ADE ON THIS				n heard, file n	red by this rep	visions of Fed	.311.		0											G	American Indian or Alaska Native				Nui (Report emp
FORM ARE PERMIT (47				umber or other	port. loyment oppo	eral, state, ter			0											I	Two or more races		Not-Hispa	Race/Ethnicity	Number of Employees (Report employees in only one category)
WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	1			er designation	rtunity statute	ritorial, or loc			0											-	e White		Not-Hispanic or Latino	ity	loyees y one categor
				n, and current	have been fi	al statutes ha			0											٦	Black or African American				Y)
				status or disp	led against th	ve been filed			0											7	Native Hawaiian or Other Pacific Islander				
	Telephone No. (580) 338-2556			osition.	is company	against this			0											-	Asian	Female			
								0											3	American Indian or Alaska Native					
1) AND/OR R	6								0											z	Two or more races				
VOCATION								0	0	0	0	0	0	0	0	0	0	0	0	0		Columns A - N	Total		